

Medicare Reimbursement Rates for Indiana BCCP Screening and Diagnostic Services

As of July 1, 2004

CPT Code	Service Description	Allowable Rate
Office Visit		
99201	New Patient (new to clinic), problem focused exam, (10 minutes) Use: Either CBE or Pelvic exam only	\$34.36
99202	New Patient (new to clinic), expanded problem focused exam, (20 minutes) Use: Both CBE and Pelvic	\$61.08
99212	Established Patient, problem focused exam, (10 minutes) Use: Either CBE or Pelvic exam only	\$35.73
99213	Established Patient, expanded problem focused exam, (15 minutes) Use: Both CBE and Pelvic exam	\$49.80
Allowable Codes	99203 will be paid at the 99202 rate 99214 will be paid at the 99213 rate	
Preventive Visit Code	The following preventive visit codes will be accepted: 99385; 99386; 99387; 99395; 99396; and 99397. Codes 99385 through 99387 will become code 99202 and reimbursed at the maximum rate for that code. Codes 99395 through 99397 will become 99213 and reimbursed at that rate	
Pap Smear		
88164	Screening and Diagnostic Pap Smear	\$14.76
88141	Pap Smear, Requiring Interpretation by Physician	\$22.05
87621	*HPV Testing--High Risk Panel ONLY	\$49.04
88142	Thin Prep Pap Smear -- reimbursed at 88164 rate (G0123 is allowable; will be reimbursed at the 88164 rate)	\$14.76
57452	*Colposcopy – Without Biopsy (Note: 99212 visit may be billed)	\$106.26
57454	*Colposcopy - With Biopsy (s) of the cervix and endocervical curettage (Note: 99212 visit may be billed)	\$150.33
57455	*Colposcopy with Biopsy (s) of the cervix (Note: 99212 visit may be billed)	\$137.29
57456	*Colposcopy with endocervical curettage (Note: 99212 visit may be billed)	\$129.65
88305	Surgical Pathology (Cervical Biopsy Reading) (88307 is allowable for breast specimens only and will be reimbursed at 88305 rate)	\$88.93
88305-26	Surgical Pathology (Cervical Biopsy Reading), prof. charge	\$40.05
88305-TC	Surgical Pathology (Cervical Biopsy Reading), technical charge	\$48.88

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CPT Code	Service Description	Allowable Rate
Mammography		
76092	Screening Mammogram, Global	\$78.28
76092-26	Screening Mammogram, professional component	\$34.74
76092-TC	Screening Mammogram, technical component	\$43.54
76090	*Diagnostic Mammogram, (Unilateral), Global	\$72.26
76090-26	*Diagnostic Mammogram, (Unilateral), professional component	\$34.74
76090-TC	*Diagnostic Mammogram, (Unilateral), technical component	\$37.52
76091	*Diagnostic Mammogram, (Bilateral) Global	\$89.45
76091-26	*Diagnostic Mammogram, (Bilateral), professional component	\$43.15
76091-TC	*Diagnostic Mammogram, (Bilateral), technical component	\$46.30
Allowable Codes	Digital Mammography, Screening, G0202 will be paid at 76092 rate	
	Digital Mammography, Bilateral Diagnostic, G0204 will be paid at 76091 rate	
	Digital Mammography, Unilateral Diagnostic, G0206 will be paid at 76090 rate	
Breast Ultrasound		
76645	*Breast Ultrasound, Bilateral or Unilateral, global	\$64.56
76645-26	*Breast Ultrasound, Bilateral or Unilateral, professional component	\$27.04
76645-TC	*Breast Ultrasound, Bilateral or Unilateral, technical component	\$37.52
Fine Needle Aspiration & Associated Cytology		
10021	*Fine Needle Aspiration without imaging guidance	\$124.52
10022	*Fine Needle Aspiration with imaging guidance	\$138.30
88172	Evaluation of Fine Needle Aspirate, global	\$45.81
88172-26	Evaluation of Fine Needle Aspirate, professional component	\$32.04
88172-TC	Evaluation of Fine Needle Aspirate, technical component	\$13.77

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CPT Code	Service Description	Allowable Rate
Fine Needle Aspiration & Associated Cytology (continued)		
88173	Interpretation and Report of Fine Needle Aspirate by cytopathology, global	\$113.51
88173-26	Interpretation/Report of Fine Needle Aspirate by cytopathology, professional Charge	\$73.58
88173-TC	Interpretation/Report of Fine Needle Aspirate by cytopathology, technical Component	\$39.93
19000	*Aspiration of Cyst	\$102.62
19001	*Aspiration of Each Additional Cyst	\$43.56
Breast Biopsy & Associated Cytology		
76095	*Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation, global	\$333.01
76095-26	*Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation, professional charge	\$79.15
76095-TC	*Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation, technical charge	\$253.86
76096	*Preoperative placement of needle localization wire, breast, radiological supervision and interpretation, global	\$74.43
76096-26	*Preoperative placement of needle localization wire, breast, radiological supervision and interpretation, professional charge	\$28.14
76096-TC	*Preoperative placement of needle localization wire, breast, radiological supervision and interpretation, technical charge	\$46.30
76098	Radiological examination, surgical specimen, global	\$22.32
76098-26	Radiological examination, surgical specimen, professional charge	\$7.87
76098-TC	Radiological examination, surgical specimen, technical charge	\$14.46

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Breast Biopsy & Associated Cytology (continued)		
76942	*Ultrasonic guidance for needle placement, radiological supervision and interpretation, global	\$122.60
76942-26	*Ultrasonic guidance for needle placement, radiological supervision and interpretation, professional charge	\$33.45
76942-TC	*Ultrasonic guidance for needle placement, radiological supervision and interpretation, technical charge	\$89.15
19100	*Biopsy of breast, needle core (surgical procedure only)--without image guidance	\$123.49
19101	*Incisional biopsy of breast	\$284.30
19102	*Percutaneous Needle Core, using image guidance	\$214.43
19103	*Percutaneous Automated Vacuum Assisted or Rotating Biopsy Device, using imaging guidance	\$556.54
19120	*Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	\$376.54
19125	*Excision of breast lesion identified by pre-operative placement of radiological marker-single lesion	\$404.85
19126	*Excision of breast lesion identified by pre-operative placement of radiological marker-each additional lesion	\$150.34
19290	*Preoperative placement of needle localization wire breast	\$152.24
19291	*Preoperative placement of needle localization wire breast; each additional lesion	\$84.45
19295	*Placement of percutaneous localization clip with image guidance	\$95.53
88305	Breast biopsy interpretation, global (88307 is allowable and will be reimbursed at 88305 rate)	\$88.93
88305-26	Breast biopsy interpretation, professional charge	\$40.05
88305-TC	Breast biopsy interpretation, technical charge	\$48.88
Problem Focused Office Consultation (Use only to discuss abnormal results and concomitant medical plans with a patient.)		
99241	Problem focused consultation, with problem focused examination (15 minutes)	\$47.13
99242	Expanded problem focused office consultation, with expanded problem focused examination (30 minutes)	\$86.20
99243	Detailed problem focused office consultation (40 minutes) (99244 is allowable and will be reimbursed at 99243 rate)	\$114.13

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